

FILED NOV 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40365**
215

360

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3076 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY OR TOWN Nevada	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 44 yrs		e. STREET ADDRESS (If rural, give location) 425 E. Hickory	
d. FULL NAME OF HOSPITAL OR INSTITUTION 425 E. Hickory			

3. NAME OF DECEASED (Type or Print)	a. (First) Leona	b. (Middle) May	c. (Last) Estes	4. DATE OF DEATH (Month) (Day) (Year) Nov. 12 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 10, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Leander Silvey	13b. MOTHER'S MAIDEN NAME Armilda A. ?	14. NAME OF HUSBAND OR WIFE J.E. Estes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 492-36-3141	17. INFORMANT'S SIGNATURE OR NAME D.E. Estes Sr. ADDRESS Nevada, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 450.0	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Feb 13, 1950**, to **Nov 12, 1956**, that I last saw the deceased alive on **Nov 5, 1956**, and that death occurred at **9:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray W. Pearson M.D.	23b. ADDRESS Nevada Mo	23c. DATE SIGNED 11/12/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-14-56	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	24d. LOCATION (City, town, or county) (State) Nevada, Mo.
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DATE REC'D BY LOCAL REG. 11-16-1956	REGISTRAR'S SIGNATURE Anna S. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Richard S. Shorter ADDRESS Nevada, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

451

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ray C. M. Ed.*

Licensed Embalmer No. *5843*

P. O. Address *Florida, M.O.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.